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FACSIMILE TRANSMITTAL SHEET

DATE: December 8, 2005
TO: Sean Shechtman
COMPANY: United States Patent and Trademark Office
FAX NO.: 571-273-8300 TEL. NO.: 571-272-3754
FROM: Sandy Yopp
Phone No. 860-286-2929 x1240

TOTAL NUMBER OF PAGES SENT 29
(INCLUDING THIS COVER SHEET):

COMMENTS: Per our phone conversation, attached is a copy of the Terminal Disclaimer and Amendment with related documentation as filed on 10/14/05.

Please contact me if you should require anything further.

If there are any problems with this transmission, please call (860) 286-2929 and ask for Sandy Yopp @ ext. 1204. Thank you!

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Diane M. Landers, et al.

Docket No.

DP-304037 / DE3-0203

Application No.

10/033,163

Filing Date

October 24, 2001

Examiner

S. Strechtman

Group Art Unit

2125

Invention: HORIZONTALLY-STRUCTURED MANUFACTURING PROCESS MODELING

I hereby certify that this General Transmittal (1 pg); Terminal Disclaimer (2 pgs);
Amendment Transmittal (1 pg); Amendment (23 pgs)

(Identify type of correspondence)

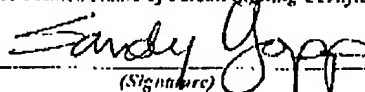
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on October 14, 2005

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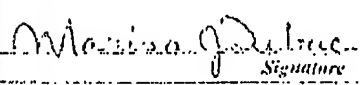
(Typed or Printed Name of Person Signing Certificate)



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TRANSMITTAL LETTER (General - Patent Pending)				Docket No. DP-304037 / DE3-0203	
In Re Application Of: Diane M. Landers, et al.					
Application No. 10/033,163	Filing Date 10/24/2001	Examiner S. Shechtman	Customer No. 22851	Group Art Unit 2125	Confirmation No. 7139
Title: HORIZONTALLY-STRUCTURED MANUFACTURING PROCESS MODELING					
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<u>TO THE DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE:</u>					
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Terminal Disclaimer to Obviate a Double Patenting Rejection (37 CFR 1.321 (c))					
in the above identified application.					
<input type="checkbox"/> No additional fee is required.					
<input type="checkbox"/> A check in the amount of _____ is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 06-1130 as described below.					
<input checked="" type="checkbox"/> Charge the amount of \$130.00					
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<input checked="" type="checkbox"/> Charge any additional fee required.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
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Marisa J. Dubuc <i>Signature</i>			Dated: October 14, 2005		
Marisa J. Dubuc Registration No. 46,673 Cantor Colburn LLP 55 Griffin Road South Blomfield, CT 06002 Phone: 860-286-2929 Fax: 860-286-0115			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on _____ (Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. DP-304037 / DE3-0203	
Applicant(s): Diane M. Landers, et al.						
Application No. 10/033,163	Filing Date 10/24/2001	Examiner S. Shechtman	Customer No. 22851	Group Art Unit 2125	Confirmation No. 7139	
Invention: HORIZONTALLY-STRUCTURED MANUFACTURING PROCESS MODELING						
COMMISSIONER FOR PATENTS:					RECEIVED CENTRAL FAX CENTER DEC 08 2005	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	64 -	137 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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 Marisa J. Duube Registration No. 46,673 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Phone: 860-286-2929 Fax: 860-286-0115			Dated: October 14, 2005			
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